Rainbows United, Inc.

MILEAGE REPORT FOR USE OF PERSONAL VEHICLE/TURNPIKE FEES

Name: _____ Date (Month/Year) _____

Date	Destination	Purpose	Beginning Odometer Reading	Ending Odometer Reading	Miles Driven
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
				MILEAGE TOTAL	0
				MILEAGE RATE	$0.585
				MILEAGE x RATE TOTAL AMOUNT	$ 0.00

Account 5420

TURNPIKE FEES	DATE		DATE		DATE		DATE		DATE			
	AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		TOTAL	$ 0.00

Account 5421

Total Reimbursement $ 0.00

Sub Account _____

Employee Signature _____ Date _____

Approved By _____ Date _____

Form No. 23 (Rev. 1/2022)